

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

	(Type	or Print Clearly)	
PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Wong	Arnold		671-4344
MAILING ADDRESS (Street)			FAX
94-497	Ukee St		676-1144
(City)	(State)		(Zip Code)
Waipahu	HI		96797
EMPLOYING OR SANIZATION (FI	ll in only if you are employed by a busi	ness entity which has been retained to	obby) TELEPHONE
Hawaii Iron	Workers Stabili	ration Fund	671-4344
MAILING ADDRESS (Street)	77.0		FAX
94-497 UL	cee St		676-1144
(City)	(State)		(Zip Code)
Waipahu	41	96797	

PART II ORGANIZATION						
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Iron Workers Stabilization Fund removing International Association of Bridge, Stuckel, ornametal & Ironametals 1001-4344						
Hawaii Iron Workers Stabilization Fund remaining						
International Association d	Bridge Stucka	1 ornanetil & ronartors 671-4344				
MAILING ADDRESS (Street)		FAX				
94-497 UKee	Street	676-1144				
(City)	(State)	(Zip Code)				
Waipahu	HI	96797				
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT TELEPHONE						
Franklin Hayashi	671-4344					
MAILING ADDRESS (Street) FAX						
94-497 Ukee	57	676-1144				
(City)	(State)	(Zip Code)				
Waipahu HI	96797					

PART III DESCRIPTION O	OF SUBJECTS UPON WHICH	I YOU EXPECT TO LOBB	Υ			
Agriculture	X Education	✗ Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relational Affairs	ons, X Tourism & Recreation			
Consumer Protection & Commerce	X Hawaiian Affairs	∠ Labor & Employment	▼ Transportation			
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)			
Ecology, Energy Environmental Protection	X Housing	Public Safety & Correction	ons			
PART IV CERTIFICATION	OF LOBBYIST					
I hereby certify that the	iptermation furnished above is	s, to the best of my knowled	lge, correct and complete.			
1		2	61/06			
	(Signature of Lobbyist)		/21/66 (Date)			
	(Signature of Leady)	<u> </u>				
PART V AUTHORIZATIO	N TO LOBBY					
NAME		TITLE OF AUTHORIZING OFF	ICER OR PERSON REPRESENTED			
Franklin Hayashida Assistant Director						
NAME OF ORGANIZATION (if app	licable)		TELEPHONE			
Hawaii Iron W	licable) Porkers Aubiliza	ation Fund	671-4344			
MAILING ADDRESS (Street)			FAX			
94-497 Ukee St 676-1144 (City) (State) (Zip Code)						
(City) (State) (Zip Code)						
Waipahn H1 96797						
I herely authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
Frankli / Hayoshirk 3/21/06						
(Signature of Authorizing Officer or Person Represented) (Date)						